

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00499020         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Cefco</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 24 / 2014</div> </div>		
Mailing Address 103 Grants Ferry Rd.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5.38</div>		
City Brandon	State MS	Zip Code 39042	<b>Transaction ID : SE.35771</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 24 / 2014</div> </div>		
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">167261.65</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff			

Full Name of Payee <b>Cracker Barrel-MS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 24 / 2014</div> </div>		
Mailing Address 410 Riverwind Dr.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.04</div>		
City Pearl	State MS	Zip Code 39208	<b>Transaction ID : SE.35770</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 24 / 2014</div> </div>		
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">167206.00</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">21.42</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*R. Russ Walker*
*[Electronically Filed]*

Date

MM / DD / YYYY  
06 / 26 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 04 / 2014</b>		
Mailing Address <b>400 N Capitol St., NW Suite 735</b>			Amount <b>2422.23</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.35762</b>		
Purpose of Expenditure <b>IE-McDaniel-Travel</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2014</b>		
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>3064.23</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>		

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 04 / 2014</b>		
Mailing Address <b>400 N Capitol St., NW Suite 735</b>			Amount <b>1059.10</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.35763</b>		
Purpose of Expenditure <b>IE-McDaniel-Email/Social Media/Printing</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2014</b>		
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>4123.33</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>3481.33</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*R. Russ Walker**[Electronically Filed]*

Date

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**06 / 26 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 24 / 2014</b>		
Mailing Address <b>400 N Capitol St., NW Suite 735</b>			Amount <b>3014.11</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.35764</b>		
Purpose of Expenditure <b>IE-McDaniel-Travel</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 24 / 2014</b>		
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought <b>167136.03</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>		

Full Name of Payee <b>Freedomworks, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 24 / 2014</b>		
Mailing Address <b>400 N Capitol St., NW Suite 735</b>			Amount <b>3771.74</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>SE.35765</b>		
Purpose of Expenditure <b>IE-McDaniel-Email/Social Media/Printing</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 24 / 2014</b>		
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought <b>171033.39</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>6785.85</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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R. Russ Walker

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Kangaroo Express-MS</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 13490 Hwy 49		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.27</div>	
City Gulfport	State MS	Zip Code 39507	Transaction ID : SE.35772
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Raising Cane-MS</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 10420 Hwy 49		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15.22</div>	
City Gulfport	State MS	Zip Code 39503	Transaction ID : SE.35766
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">65.49</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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R. Russ Walker

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Raising Cane-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 24 / 2014</b>	
Mailing Address <b>10420 Hwy 49</b>		Amount <b>15.22</b>	
City <b>Gulfport</b>	State <b>MS</b>	Zip Code <b>39503</b>	Transaction ID : <b>SE.35769</b>
Purpose of Expenditure <b>IE-McDaniel-Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 24 / 2014</b>	
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>167189.96</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

Full Name of Payee <b>Sonic-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 24 / 2014</b>	
Mailing Address <b>5324 Old Highway 11</b>		Amount <b>15.87</b>	
City <b>Hattiesburg</b>	State <b>MS</b>	Zip Code <b>39402</b>	Transaction ID : <b>SE.35768</b>
Purpose of Expenditure <b>IE-McDaniel-Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 24 / 2014</b>	
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>167174.74</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>31.09</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>FREEDOMWORKS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Tropical Smoothie Cafe-MS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 24 / 2014</b>	
Mailing Address <b>6129 Hwy 98</b>		Amount <b>7.62</b>	
City <b>Hattiesburg</b>	State <b>MS</b>	Zip Code <b>39402</b>	Transaction ID : <b>SE.35767</b>
Purpose of Expenditure <b>IE-McDaniel-Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 24 / 2014</b>	
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>167158.87</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

Full Name of Payee <b>United Airlines</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 04 / 2014</b>	
Mailing Address <b>233 S. Wacker Dr.</b>		Amount <b>642.00</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60606</b>	Transaction ID : <b>SE.35761</b>
Purpose of Expenditure <b>IE-McDaniel-Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2014</b>	
Name of Federal Candidate <b>CHRISTOPHER BRIAN MCDANIEL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>642.00</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>649.62</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>11034.80</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*R. Russ Walker*
*[Electronically Filed]*

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